| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000  10 933 25-1  |  |   |                                     |                                |                            |                                   |    |                   |                        |                               |                     |                        |
|--|--|---|-------------------------------------|--------------------------------|----------------------------|-----------------------------------|----|-------------------|------------------------|-------------------------------|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |                                     |                                |                            |                                   |    | SMALL ENTITY TYPE |                        | OTHER THAN<br>OR SMALL ENTITY |                     |                        |
| TOTAL CLAIMS   |  |   | 20                                  |                                |                            |                                   | ſ  | RATE              | FEE                    | ] [                           | RATE                | FEE                    |
| FOR  |  |   | NUMBER FILED                        |                                | NUMBER EXTRA               |                                   | В  | ASIC FEE          | 355.00                 | OR                            | BASIC FEE           | · 710.00               |
| TOTAL CHARGEABLE CLAIMS  |  |   | <i>⊋</i> 0 minus 20=                |                                | · Ø                        |                                   | Ī  | X\$ 9=            |                        | OR                            | X\$18=              |                        |
| INDEPENDENT CLAIMS   |  |   | 5 minus 3 =                         |                                | . 2                        |                                   | H  | X40=              |                        | OR                            | X80=                | 160                    |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |   |                                     |                                |                            |                                   | t  | +135=             |                        |                               | +270=               | 700                    |
| * If the difference in column 1 is less than zero, enter "0" in  |  |   |                                     |                                |                            | olumn 2                           | L  | TOTAL             | <u> </u>               | OR                            | TOTAL               | 870                    |
| CLAIMS AS AMENDED - PART II  |  |   |                                     |                                |                            |                                   |    | IOIAE             |                        | JON                           | OTHER               |                        |
|  | (Column 1) (Column 2) (Column 3)               |   |                                     |                                |                            |                                   |    | SMALL             | ENTITY                 | OR                            | SMALL               |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                     | HIGH<br>NUM<br>PREVIO<br>PAID  | BER<br>DUSLY               | PRESENT<br>EXTRA                  |    | RATE              | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | . 23                                      | Minus                               | 20                             | 2                          | -3                                |    | X\$ 9=            |                        | OR                            | X\$18=              | 5400                   |
|  | Independent                                    | . 5                                       | Minus                               | <del>5</del>                   |                            | =                                 |    | X40=              |                        | OR                            | X80=                |                        |
|  | FIRST PRESE                                    | NTATION OF MI                             | JLTIPLE DEI                         | PENDENT                        | CLAIM                      |                                   | T  | +135=             |                        | OR                            | +270=               |                        |
|  | N.E  |   |                                     |                                |                            |                                   | L  | TOTAL             |                        |                               | TOTAL               | 5404                   |
|  | / VIE  | (Column 1)                                |                                     | (Colu                          | mn 2)                      | (Column 3)                        | AC | DDIT. FEE         |                        | J                             | ADDIT. FEE          | PG                     |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                     | HIGH<br>NUM<br>PREVIO<br>PAID  | EST<br>BER<br>DUSLY        | PRESENT<br>EXTRA                  |    | RATE              | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | . 20                                      | Minus                               | Z                              | 3                          | = /                               | •  | X\$ 9=            | 1:                     | OR                            | X\$18=              | 4 - 1                  |
|  | Independent                                    | NITATION OF MI                            | Minus                               | ENIDENT                        | S CLAIM                    | = 🌙                               |    | X40=              |                        | OR                            | X80=                |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                     |                                |                            |                                   |    | +135=             | 1                      | OR                            | +270=               |                        |
|  |  |   |                                     |                                |                            |                                   |    | TOTAL<br>DIT. FEE | V                      | OR                            | TOTAL<br>ADDIT. FEE | W                      |
| <u>.:</u> .  | · · · · · · · · · · · · · · · · · · ·          | (Column 1)                                | •                                   | (Colum                         |                            | (Column 3)                        |    |                   |                        | . •                           |                     | • -                    |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                     | HIGH<br>NUMI<br>PREVIO<br>PAID | BEA<br>OUSLY               | PRESENT<br>EXTRA                  |    | RATE              | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total ·  | •   | Minus                               | **                             |                            | =                                 |    | X\$ 9=            |                        | OR                            | X\$18=              |                        |
|  | Independent                                    | •   | Minus                               | ***                            |                            | =                                 |    | X40=              |                        | OR                            | X80=                |                        |
|  | FIRST PRESE                                    | NTATION OF MU                             | JLTIPLE DEF                         | PENDENT                        | CLAIM                      |                                   | -  |                   |                        |                               |                     |                        |
| * If the entry in column 1 is less than the entry in column 2, write "of in column 3.  * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  OR +270=  OR ADDIT. FEE |  |   |                                     |                                |                            |                                   |    |                   |                        |                               |                     |                        |
| ••••   | if the "High st Nu<br>The "Highest Num         | mber Previously Pai<br>ber Previously Pai | uid For' IN THI<br>d For' (Total or | S SPACE i                      | s less that<br>ent) is the | n 3, enter "3."<br>highest number |    | -                 | propriate box          |                               |                     |                        |

FORM PTO-875 (Rev. 8/00)

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**Application or Docket Number**